

Kona Birth And Midwifery Services VBAC Information and Policy

Previous Cesarean

Most births happen vaginally, but there are times when a C-Section is performed. Regardless of the reason the C-Section occurred, it is considered a uterine surgery and brings with it a different set of complexities in subsequent births. One of the most important of these is the scar tissue that forms on the uterus. It can become a weak point in the uterus and some practitioners consider the ability to deliver children vaginally after this as a risk that should only be managed in the hospital. This is mainly due to the fear of a uterine rupture and the need for a subsequent C-Section. Any vaginal birth after a C-Section is called a VBAC (Vaginal Birth After Cesarean).

Uterine Rupture

The concern of a uterine rupture is one of the key elements in VBAC cases. A uterine rupture is when the weak point of the uterus (where the previous surgery scar is located) tears during contractions. This is a serious concern and can require surgery and necessitates a C-Section. The concern for this outcome is a major consideration for the care/continued care in a home birth setting. If/when the concern for a potential rupture grows to a level deemed to be too risky then a home birth can be contraindicated. This leads to the question of having a baby earlier rather than later in order to lower the risks of this possibility.

Augmentation vs. Induction

The body is an amazing thing and is suited to bring about birth typically when it is ready. This is a natural process that involves hormones and various mechanisms within the body. There are times when it may be advisable to have a baby born sooner rather than later, however, and waiting for these processes to occur on their own could potentially be a problem for the mother and/or the baby. In these cases we often begin to look towards augmentation. This is a process where we help the body do what it is already supposed to do. It involves methods that allow for the body to release its own hormones and begin the processes to enhance what it is already naturally doing. When working with a VBAC mother we will not recommend nor practice induction, however. This is a different aspect where medications especially are used to start the body's process towards birth. While there are many different medications that a doctor might prescribe for this, all of these induction methods are outside the scope of our practice and will not be a part of our team's care.

Cytotec

The use of Cytotec (and its generic equivalents) has grown in obstetric practice. Although the medication is designed to prevent ulcers in the stomach, it is a synthetic prostaglandin. This means it has the ability to cause the uterus to contract. Many doctors use this to induce labor, but there risks in using this medication. The primary problem of induction and the use of medications such as this is the growing concern for uterine rupture, severe postpartum hemorrhage, uterine arrest, and other aspects that are deemed as too high a risk in a home birth setting. This has been shown in practice as well as studies conducted by major medical organizations such as ACOG.

Summary

It is our desire to help all mothers have the birth they have been dreaming about. In this group of moms we aim to provide care for VBACs as well. It is important that all of us, the midwife, the birth team, and the parents, understand the basics of what a VBAC is and the concerns and risks that are inherent in this type of delivery. We will strive to work with you but must always be aware of when a pregnancy is deemed as high risk and must move from our practice to the transfer of care with another practitioner.

Having read this, please sign the VBAC informed consent.